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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET					Application Number 10/586,386			Filing Date 02 October, 2006			To be Mailed		
	Substitute	e for Form l	PTO-1360		Applicant(s) LEISING, GUNTHER						Page 1 of 1		
					* May be used for additional claims or amendm						ents		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 03/17/2008		AFTER SEC. AMENDMENT		*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
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7 8			0	0			57 58						
9			1	0			59						
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49							99						
50							100						
Total			1				Total						
Indep							Indep						
Total Depend				9			Total Depend						
Total			1	.0			Total						
Claims							Claims						

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